


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 JUL 10 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000122425 1. Entity Name BRALAN INVESTMENTS, LLC	
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Principal Place of Business 9639 SAVONA WINDS DR DELRAY BCH, FL 33446	Mailing Address 9639 SAVONA WINDS DR DELRAY BCH, FL 33446
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MKV



2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip	Country

07102006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent	
POPTRITKIN, LAWRENCE ESQ. 1801 NW 66 AVENUE, STE. 104 PLANTATION, FL 33313	

7. Name and Address of New Registered Agent	
Name	
Street Address (P O Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	LABELL, BARRY
STREET ADDRESS	9639 SAVONA WINDS DR
CITY - ST - ZIP	DELRAY BCH, FL 33446
TITLE	MGR <input type="checkbox"/> Delete
NAME	PERLIN, JARED
STREET ADDRESS	9599 SAVONA WINDS DR
CITY - ST - ZIP	DELRAY BCH, FL 33446
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500077259825
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Barry Jay Labell* *Barry Jay Labell* 7/10/06 305 725-3340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



L05000122425

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 232206 5014227
AUTHORIZATION : *[Signature]*
COST LIMIT : \$50.00

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TALLAHASSEE, FLORIDA

ORDER DATE : July 10, 2006
ORDER TIME : 12:37 PM
ORDER NO. : 232206-005
CUSTOMER NO: 5014227

[Signature]

ANNUAL REPORT FILING

NAME: BRALAN INVESTMENTS, LLC

RECEIVED
06 JUL 10 PH 2:53
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap-EXT#2951

EXAMINER'S INITIALS: _____